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to a collection of information unless it displays a valid OMB control number.

	DATENT APPLICATION-FEE DETERMINATION RECORD									Application or Docket Number		
CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY			
FOR NUMBER FILED			<u>`</u>	NUMBER EXTRA		FEE	}	RATE	FEE			
BASIC FEE (37 CFR 1.16(a))			1		RATE	:395	OR		.790			
TOTAL CLAIMS			minus 20			x s25=		OR	x.550=			
INDEPENDENT CLAIMS		4S	minus 3 =		1.			OR .	x300=			
(37 CFR 1.16(b)) minus 3 = 1 *  MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.1			<del></del>		+180		OR	,360				
						TOTAL		OR	TOTAL			
If the dinerence in column 1 is less than zero, errier V in column 2.												
VIO 5 CLAIMS AS AMENDED - PART II										R THAN		
1		(Column 1)	,	(Column 2)	(Column 3)	SMALL	ENTITY	1	SMALL	ENTITY		
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
ME	Total (37 CFR 1,16(c))	ं श्री	Minus	" AT	=	x : 25=	1	OR	x \$50=			
AMENDMENT	Independent (37 CFR 1.16(b))	- 4	Minus	<del>"</del> 3	= \	x =100=		OR	x.200	\$200		
AM	FIRST PRESENT	ATION OF MULTIPL	E DEPENDE	NT CLAIM (37 CF	R 1.16(d))	+180=		OR	+360			
						TOTAL ADD'L FEE		OR:	TOTAL ADD'L FEE			
		(Column 1)	,	(Column 2)	(Column 3)			ı :		· ·		
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- : TIONAL FEE		
ME	Total (37 CFR 1,16(c))	•	Minus	**	Ξ	x 505=		OR	x.50=			
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	Ξ	×:100=		OR	× 000=			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+:180=		OR	+360=			
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
		(Column 1)		(Column 2)	(Column 3)			_				
NT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
ME	Total (37 CFR 1.16(c))	VINITADIATEM	Minus	••	=	x 85=		OR	x 50 =			
AMENDMENT	Independent (37 CFR 1.16(b))	·	Minus	***	=	x 100 =		OR	, 20Cz			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 80 =		OR	+360=			
						TOTAL ADD'L FEE		OR	ADD'L FEE			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".												

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.